

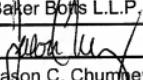
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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/574,122
Filing Date	11/22/2006
First Named Inventor	Axel Bouchon et al.
Art Unit	1624
Examiner Name	Erich A. Leeser
Attorney Docket Number	078503.0105

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Baker Botts L.L.P.	
Signature		
Printed name	Jason C. Chumney	
Date	02/17/2009	Reg. No. 54,781

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature		
Typed or printed name		Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** 130

Complete if Known	
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Art Unit	1624
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METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

02-4377

Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fees
 Charge fee(s) indicated below, except for the filing fee
 to the above-identified deposit account.

FEE CALCULATION

Extra Claim Fees

	Extra Claims	Fee	Fee Paid
Total Claims	<input type="text"/>	<input type="text"/> x 52 =	<input type="text"/> \$0

Independent Claims	<input type="text"/>	<input type="text"/> x 220 =	<input type="text"/> \$0
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Multiple Dependent	<input type="text"/>	<input type="text"/> =	<input type="text"/> \$0
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SUBTOTAL \$0

Fee Description	Large Entity	Small Entity
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Claims in excess of 20	<input type="text"/> 52	<input type="text"/> 26
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Independent claims in excess of 3	<input type="text"/> 220	<input type="text"/> 110
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Multiple dependent claim, if not paid	<input type="text"/> 390	<input type="text"/> 195
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FEE CALCULATION (continued)

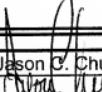
ADDITIONAL FEES

Surcharge - late oath or filing fee
 Non-English Specification
 Extension for reply within first month \$130
 Extension for reply within second month
 Extension for reply within third month
 Extension for reply within fourth month
 Extension for reply within fifth month
 Notice of Appeal
 Filing a brief in support of an appeal
 Petition to revive - unavoidable
 Petition to revive - unintentional
 Utility Issue Fee
 Design Issue Fee
 Publication Fee
 Petitions to the Commissioner
 Request for Continued Examination (RCE)
 Information Disclosure Statement (IDS)

Other fee -

SUBTOTAL **(\$)** 130

(Complete if applicable)

SUBMITTED BY	Jason C. Chumney	Registration No. (Attorney/Agent)	54,781	Telephone	212-408-2500
Signature				Date	02/17/2009

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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